



EXETER RESCUE CORPS, INC.
APPLICATION FOR EMPLOYMENT
 P.O. Box 333 Exeter, RI 02822
 Tel (401)583-4505 Fax (401)583-4506

Please enclose copy of credentials with application. (Example drivers license, EMT cert, Etc...)

GENERAL INFORMATION

Name (Last)	(First)	(MI)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? (circle one) YES NO		

POSITION

Position Or Type Of Employment Desired	Will Accept: (circle) Part-Time Full-Time Per-Diem	Shift: (circle) Days Evenings Nights
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? (circle one) YES NO		Date Available
Salary Desired		

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? (circle one)	YES	NO		
if no, list the highest grade completed.				
College, Business School, Military (Most recent first)				
Name and Location	Dates Attended Month/Year	Graduate (circle)	Degree & Year	Major or Subject
	From: To:	YES NO		
	From: To:	YES NO		
	From: To:	YES NO		
	From: To:	YES NO		
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date	
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date	
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VETERAN INFORMATION (Most Recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

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WORK EXPERIENCE (Most Recent first) (Include Voluntary Work & Military)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title		To (Month/Year)
Specific Duties		Hours Per week
		Last Salary
		Supervisor
		Reason For Leaving?
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title		To (Month/Year)
Specific Duties		Hours Per week
		Last Salary
		Supervisor
		Reason For Leaving?
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title		To (Month/Year)
Specific Duties		Hours Per week
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Address		
Job Title		To (Month/Year)
Specific Duties		Hours Per week
		Last Salary
		Supervisor
		Reason For Leaving?

I certify the information contained in this application is true, correct & complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____